FEC FORM 1

## STATEMENT OF ORGANIZATION

| FORM 1                        | ORGANIZA <sup>-</sup>                           | ΓΙΟΝ  |             |                                 |
|-------------------------------|---|---|-------------|---------------------------------|
| 1 Ortivi 1                    | (See instructions)                              | )   | C           | office use only                 |
| NAME OF COMMITTEE (in f       | (Check if name is changed)                      | Example: If typying, type over the lines  | 12FE4M5     |                                 |
| TRUTH ACCOL                   | JNTABILITY AND COURAGE POLIT                    | FICAL ACTION COMMITTE   | EE (TACPAC) |                                 |
|                               |   |   |             |                                 |
| ADDRESS (number and s         | 228 S WASHINGTON S                              | T STE 115   |             |                                 |
| (Check if address is changed) |   |   |             |                                 |
|                               | ALEXANDRIA                                      |   | LYA L       | 22314   -                       |
|                               | С   | ïITY▲   | STATE       | ZIP CODE 📥                      |
| COMMITTEE'S E-MAII            | _ ADDRESS (Please provide only one e-ma         | ail address)  |             |                                 |
| (Check if address is changed) | llisker@hdafec.com                              |   |             |                                 |
|                               |   |   |             |                                 |
| COMMITTEE'S WEB F             | PAGE ADDRESS (URL)                              |   |             |                                 |
| (Check if address is changed) | 1   |   |             |                                 |
|                               | 1   |   |             |                                 |
|                               |   |   |             |                                 |
| 2. DATE 0 3                   | 7 20 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y      |   |             |                                 |
| 3. <b>FEC IDENTIFICA</b>      | TION NUMBER C                                   | C00413070   |             |                                 |
| 4. IS THIS STATEM             | ENT NEW (N) OR                                  | X AMENDED (A)   |             |                                 |
|                               |   | ,=== (+,)   |             |                                 |
| I certify that I have examin  | ned this Statement and to the best of my knowle | edge and belief it is true, correct and   | l complete  |                                 |
| T 0: 1N (5                    | reasurer Lisa Lisker                            |   |             |                                 |
| Type or Print Name of T       | reasurer  |   |             |                                 |
| Signature of Treasurer        | Electronically Filed by Lisa Lisker             |   | Date 03     | 20 4 2009                       |
| NOTE: Submission of fals      | se, erroneous, or incomplete information may su |   |             | s of 2 U.S.C. S437g.            |
| 0.00                          | ANY CHANGE IN INFORMATIO                        | <u> </u>  |             | _                               |
| Office<br>Use<br>Only         |   | For further information of<br>Federal Election Commissi<br>Toll Free 800-424-9530 |             | FEC FORM 1<br>(Revised 02/2009) |